

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-032958

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 320

FILED SEP 4 1963

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Ralls.	
b. CITY (If outside corporate limits, give TOWNSHIP only) Hannibal, Missouri.		c. CITY OR TOWN Perry, Missouri.	
Length of stay in 1b 17 Days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) St Elizabeth Hospital.		d. STREET ADDRESS (If outside, give location) Perry, Missouri.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) AARON WARD WILLIAMS			4. DATE OF DEATH Month Aug Day 15 Year 1963		
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-24-85	9. AGE (last birthday) 78 Yrs	IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Grocery.		11. BIRTHPLACE (City and state or country) Perry, Missouri.	
12. CITIZEN OF WHAT COUNTRY U.S.A?		13a. FATHER'S NAME James Williams.		13b. MOTHER'S MAIDEN NAME Frances Ward.	
14. NAME OF HUSBAND OR WIFE Bess Williams.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Mrs Blanche Dooley, Paris, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Embolism DUE TO (b) Fracture Left Hip DUE TO (c) [REDACTED]		INTERVAL BETWEEN ONSET AND DEATH 5 min etc 14 days.	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour [REDACTED] s.m. [REDACTED] p.m. [REDACTED]	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Hannibal, Missouri.	
20g. COUNTY [REDACTED]		20h. STATE [REDACTED]	

21. I attended the deceased from 11-17-59 to 8-15-63 and last saw him alive on 8-15-63 Death occurred at 5:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE [Signature] (Degree or title) M.D.		22b. ADDRESS Hannibal, Missouri.		22c. DATE SIGNED 8-15-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 16, 1963	23c. NAME OF CEMETERY OR CREMATORY Lickcreek Cemetery.		23d. LOCATION (City, town, or county) Perry, Missouri.		23e. STATE [REDACTED]	

24. GENERAL DIRECTOR [Signature]		25. DATE RECD. BY LOCAL REG. Aug 28, 1963		26. REGISTRAR'S SIGNATURE [Signature]	
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
 or by _____, Student Embalmer No. _____
 working under my personal supervision.

Student _____
 Signature of Student Embalmer

Signed *Clyde A. Mincy*

Licensed Embalmer No. 3820.

P. O. Address Perry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit renewed 8/28/63